



Supplemental Application Data Sheet

Application Information

Application number::	<u>10/731,984</u>
Filing Date::	<u>12/09/03</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	<u>N/A 1644</u>
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	INDUCING TOLERANCE IN PRIMATES
Attorney Docket Number::	TLN-022
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	28
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Dawn
Family Name::	WINDSOR-HINES <u>WINSOR-HINES</u>
City of Residence::	Framingham
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	36 Ledgewood Road

City of mailing address:: Framingham
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01701

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patricia
Family Name:: RAO
City of Residence:: Acton
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 112 Pope Road
City of mailing address:: Acton
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01720

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Douglas
Middle Name:: J.
Family Name:: RINGLER
City of Residence:: ~~Boston~~Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: ~~77 Chandler Street~~
c/o TolerRx, Inc.
300 Technology Square
City of mailing address:: ~~Boston~~Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: ~~02139~~ 02116

Correspondence Information

Correspondence Customer Number:: 00959

Representative Information

Representative Customer Number:: 00959

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/431,839	12/09/02

Assignee Information

Assignee name:: TolerRx, Inc.
Street of mailing address:: 300 Technology Square
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

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Megan E. Williams
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